

WASHINGTON STATE PRODUCTIVITY BOARD EMPLOYEE SUGGESTION EVALUATION FORM

Evaluator _____
Agency _____ Phone _____

Suggestion Number

Evaluation Due Date

Is this suggestion applicable to your agency? ☐ Yes ☐ No

If not, please call the Productivity Board at 360/704-5203

In your own words, please provide a brief summary of the suggestion.

Provide a brief summary of your recommendation and agency evaluation. (Please attach any supporting information)

☐ **RECOMMEND ADOPT** ☐ **MODIFIED ADOPT**

Date of Implementation _____ ☐ Actual date or ☐ Estimated date

Does this suggestion fall within the suggester's job duties? ☐ Yes ☐ No

If so, the suggester is eligible for a recognition award of up to \$200 per RCW 41.60.150.

Does this suggestion have hard dollar savings? ☐ Yes ☐ No

If there are tangible savings, please provide a breakdown of how the savings will be achieved.

Total Tangible First Year Savings

\$

Total Recommended Award

\$

If applicable, please provide the calculated savings that would be recognized over a 10 year period?

\$

Monetary awards shall be based on 10% of actual first year net savings and/or revenue (maximum award is \$10,000).

Recommending: ☐ Final Award ☐ or Partial Award Tracking due date: _____

Can the agency identify savings and/or revenue? ☐ Yes ☐ No

If not, please explain. (This information will help determine whether savings/revenue tracking is necessary.) _____

For suggestions with intangible benefits or savings in staff time, a recognition award is given.

☐ **RECOMMEND NON-ADOPT**

☐ Increases staff time

☐ Costs outweigh the benefits

☐ Implementation would require a statutory change. The agency does not support seeking legislative change at this time.

May provide additional information/justification regarding decision _____

☐ Resources are not available

☐ Not a new idea. Date first discussed or planned by agency: _____

AGENCY MANAGEMENT: *I have reviewed this entire file and I agree with the recommendation(s) summarized above.*

Management Signature (type or sign name) _____ Date _____

AGENCY COORDINATOR: *I have reviewed this entire file for completeness and compliance with Agency and Board policies and procedures.*

Coordinator Signature (type or sign name) _____ Date _____

PRODUCTIVITY BOARD STAFF USE ONLY

DATE RECEIVED

Staff Review: _____ Meeting Date: _____ Agency Code: _____